

Part I General Information

1 Name of organization Model City Democratic Club of Commerce		Employer identification number 95 - 4079432
2 Mailing address (P.O. Box or number, street, and room or suite number) 5604 Mission Way City or town, state, and ZIP code Commerce, CA 90040		
3 E-mail address of organization RZambrano@worldnet.att.net		
4a Name of custodian of records Rosa M. Zambrano	4b Custodian's address 5604 Mission Way Commerce, CA 90040	
5a Name of contact person Mary Guerrero	5b Contact person's address 4601 Leonis Street Commerce, CA 90040	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

RECEIVED IN CORRESPONDENCE
IRS - OSC / 616
JUL 30 2000
OGDEN, UTAH

Part II Purpose

7 Describe the purpose of the organization
The purpose of the Model City Democratic Club (MCDC) shall be to involve people in the Democratic Party. The MCDC shall seek to provide education and training in public affairs for future leaders in both the government and private sector. The MCDC may seek to provide an opportunity and place for individuals to become active in the Democratic Party and to learn more about the political process and public policy affecting their lives.

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address

4

9a Name _____

9b Title

9c Address

Mary Guerrero

President

4601 Leonis Street

Commerce, CA 90040

Valentina Bassett

Vice-President

2547 Leo Avenue

Commerce, Ca 90040

Lea Gallegos

Secretary

5024 Harbor Street

Commerce, CA 90040

Rosa Zambrano

Treasurer

5604 Mission Way

Commerce, CA 90040

**Sign
Here**

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official

Date _____

